For Washington State Nursing Home staff
From Residential Care Services, Aging and Disability Services
Department of Social & Health Services

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our mascot:
Cousin IT

"This is I.T." Newsletter

Info and Tips from the MDS-WA Office—*Clinical stuff, Computer stuff, Reports 'n stuff, and other STUFF!*
By Marge Ray and Shirley Stirling, State of WA, DSHS

A Season of New Beginnings—Restorative/ Rehabilitative Nursing MDS Section P3

It's Spring and the evidence is overwhelming. Trees are sprouting new leaves, flowers are opening brightly colored petals and birds fill the air with song.

It is a time for renewal and looking at what is possible. The restorative nursing programs in section P3 of the MDS can be looked at in much the same way—a time for new beginnings, moving residents from "I can't" to "I think I can" and "I'll try".

Restorative nursing is not a new concept; it is not therapy nor is it competitive with therapy. It is not busy work or for alert residents only. When residents have an identified need, it is not an option.

The RAI User's Manual under **INTENT** on page 3-191, states that Rehabilitative or Restorative care refers to <u>nursing interventions</u> that promote the resident's ability to adapt and adjust to living as independently and safely as possible, while focusing on achieving and maintaining optimal physical, mental and psychosocial function. In other words, restorative nursing helps residents attain or maintain their highest practicable level of well-being, which is a major focus of the federal OBRA 1987 long term care regulations.

Since these are nursing interventions, there is no requirement for physician orders to develop and provide programs.

The 11 restorative activities must meet **all** criteria in the RAI Users Manual pg 3-192 under **DEFINITION** to be MDS coded:

1. **Measurable objectives (goals) and interventions** must be developed and documented in the plan of care and in the clinical record,

2. There must be evidence of **periodic evaluation** (analysis) by a licensed nurse (LN) in the clinical record.

In **Washington State**, we do <u>not</u> accept a progress note written by a restorative aide and countersigned by a LN to meet this requirement. The evaluation must be done by the nurse.

Washington State also requires a documented assessment identifying the 'need' for the programs. In other words, <u>why</u> were these restorative programs chosen for the resident.

3. The nursing staff who carry out the programs must be **trained in the techniques** that promote resident involvement in the activities.

4. The programs/activities are **provided by or supervised by nursing**.

5. If the programs/activities are provided in a group setting, there must be **no more than 4 residents per supervising helper.**
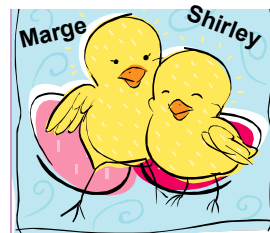
Marge   Shirley

IT Newsletter Authors
For a more accurate picture of Marge Ray and Shirley Stirling, please see our next issue.

In addition, the NH must have a method to assure that the program/activity was provided for at least 15 minutes in a 24 hour period to be considered a "day" for MDS coding purposes (page 3-194 of the RAI User's Manual under *Coding*).

How the NH documents the time is decided by the NH. There are a many ways that this can be done, such as flow sheets where the minutes are documented. Other examples include: charting by exception when the provision of the program differs from what has been identified for the resident, referencing time in a nursing progress note, and periodic LN evaluation.

For more information, see 'Dear Administrator' letter #2003-010 dated May 30, 2003 on the ADSA website.

**http://www.ADSA.dshs.wa.gov/professional/letters/nh/2008/**

Our goal...

Our goal is to help you accurately assess, code, and transmit the MDS.

Accurate assessment forms a solid foundation for individualized care to help residents achieve their highest level of well-being.

Question: How can I find the "*Dear Administrator*" letters?

Answer: Below is the web address. Just change to the year you want to see, back to 2001.
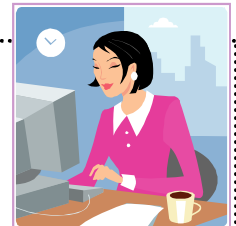
Coding the MDS for Restorative Nursing

Always code the MDS Section P3 for the number of days that the Restorative Nursing programs were provided (at least 15 minutes in a 24 hour period) during the last 7 days.

If no programs were provided, or if the programs did not meet all of the criteria, code zero, "0".

Since the MDS is completed at least each quarter and all of the criteria must be met before P3 can be coded, it makes sense that the periodic Licensed Nurse evaluation must be done at least quarterly.

The documentation should address the resident's progress toward meeting the established goal or goals. If the goal or goals are not met, then you must address the possible reasons and consider changes in goals and or interventions.

Important:

Record your clinical thinking as part of this analysis.

Validation

The 2 most common reasons that P3 programs are not validated during Case-Mix accuracy reviews include:

1. Lack of or an inadequate Licensed Nurse periodic evaluation and

2. No method to determine if the programs were provided for at least 15 minutes a day.

The Philosophy behind Restorative Nursing

Restorative Nursing is based on a belief in the dignity and worth of each person and should focus on maximizing strengths and abilities, not just identifying deficits and weaknesses.

When a resident "can do" for themselves it produces positive feelings, enhances self esteem, increases physical abilities/strength and improves morale of residents and staff.

Q2IT — Use of P3 data in Case Mix—*Tips from the Treasure Trove*

Question:

Can you explain how Restorative Nursing fits in with RUG groups and payment indexes?

Answer:

Within the classification and payment system (RUG-III) used by both Medicare and Washington State Medicaid, the restorative and rehabilitative nursing programs in **P3** plus the scheduled toileting plan and bladder retraining programs (**H3a and H3b**) provide data to place residents in **higher**

groups with corresponding **higher payment indexes.**

There are 4 groups where this is possible:

1. Rehab Low Intensity,
2. Impaired Cognition,
3. Behavior Problems, &
4. Reduced Physical Function.

For programs to have a financial impact, the resident must have at least 2 programs

for 6 of the 7 days in the look-back period AND the programs must be for a duration of at least 15 minutes within each 24 hour period.

For case-mix purposes, H3a and H3b function like the P3 restorative programs: If a resident has either of these coded PLUS one of the P3 programs (with the exception of P3k-other) provided at least 6 of the 7 days in the assessment window, it will result in a higher group if the assessment classifies into one of the 4 groups that utilize restorative programs.

Dates for Rates - WA Medicaid NH Rates

Each year we have four quarterly due dates for nursing homes to submit MDS assessments and trackers for WA State Medicaid rate setting.

These due dates are one month plus one day after the end of each quarter. Sometimes we make exceptions though, such as when the next business day falls on a state holiday or on a weekend. Contact Allen Miller at MilleAM@dshs.wa.gov if you have any questions.

First Quarter (January 1-March 31) data affecting this quarter must be submitted prior to May 2.

Second Quarter (April 1-June 30) data affecting this quarter must be submitted prior to August 2.

Third Quarter (July 1-September 30) data affecting this quarter must be submitted prior to November 2.

Fourth Quarter (October 1-December 31) data affecting this quarter must be submitted prior to February 2.

RUG Report dates follow the submittal due dates. For instance, Here is how the first quarter of 2008 goes:

1st quarter runs from 1/1 to 3/31. The preliminary RUG is run 4/16 and made available on the transmission site to the NHs three days later, about the 19th. The final RUG cut off date is one month and one day after the end of the quarter. This means that any assessments received on or after 5/2 will not be considered on the Final RUG. The Final RUG report is published electronically July 1 on the MDS transmission site under State Reports.

Scenario and Quiz— P3 Restorative Nursing

Please read the following scenario

Mr. "Z" is due for a quarterly MDS and the ARD has been set for 2/7/08. The following was documented in the chart:
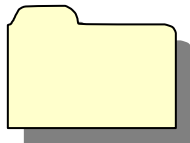
Goal: 1. LE strength and ability to bear weight during transfers will be maintained for the next 90 days. 2. No decrease in ROM in right ankle and foot joints for the next 90 days.

Interventions: PROM to right foot and ankle joints 10-15 reps BID daily. Inspect skin under AFO in am and pm and report/document any problems. Apply AFO in am and remove at bedtime (it goes over the stocking). With AFO and shoes on, resident will stand in EZ stand for 2 minutes during transfers. One staff physical weight bearing assist with second staff SBA during transfers. RA to provide ROM.

This info was also on the plan of care.

The following was on the Restorative flow sheets:

Number of minutes for PROM—am and pm

Date	1	2	3	4	5	6	7	8	9	10
a.m.	9	8	9	10	9	R	10	7	8	10
p.m.	9	9	10	8	7	R	8	9	10	R

Number of minutes for care of AFO—am and pm

Date	1	2	3	4	5	6	7	8	9	10
a.m.	5	5	5	4	4	R	5	5	4	4
p.m.	5	4	5	5	4	R	5	4	5	R

License Nursing Evaluation—On 2/8/08 Mr. "Z" continues to participate in PROM twice daily. During the past week he was not feeling well one day and the program was not provided. He is consistently able to do 10 reps and occasionally will do 12, will continue to try to increase to 15 if able. There appears to be no decrease in right ankle or joint range. The splint/brace program continues twice a day and there are no identified skin problems (no irritation or redness). A review of the RA flow sheet finds the time for this program to consistently be less than 15 minutes per day, but the resident benefits from the AFO and the program will continue as written.

How would you code P3?
See page 4 for the answer.

Featured Report - OSCAR Reporting System

Each issue we highlight a report or a group of reports:

The '**OSCAR Reporting System'** contains information about nursing facilities and other Medicare/Medicaid certified health care provider types. Information is gathered during the on-site state survey process and also during interim surveys if there are any complaint investigations. Survey data is combined with data from a variety of sources to present a complete picture of the health care facility. Oscar feeds into 'Nursing Home Compare', a public web site on the Internet:

http://www.medicare.gov/NHCompare/home.asp

Two other reports of interest to NHs come from OSCAR :

OSCAR Report 3
FACILITY HISTORY PROFILE
OSCAR Report 4
FACILITY FULL PROFILE

These two reports are shared during the annual NH survey. NHs can also request them other times of the year from the administrative support staff in their RCS Field Office.

Featured Website — QTSO website—Be in the know, go QTSO!

http://www.QTSO.com

Each issue we will highlight a website that you or other staff in your NH may find useful.

This issue let's look at the **QTSO Web site. QTSO** stands for QIES Technical Support Office. QIES stands for Quality Improvement and Evaluation System. It is a technical website for MDS, Home Health and other federal health programs. To view this site, go to **www.QTSO.com**

On the home page of QTSO you will find an alert about NOT using Internet Explore 7.0 plus a link to information and instruction on Broadband connectivity.

Click on the MDS link in the left column of the home page for MDS guides, manuals, data specifications, forum notes, RUG information, you name and it is there!

QTSO is the 'go to' place for techies.

For Washington State Nursing Home Staff… A newsletter from Residential Care Services Of Aging & Disability

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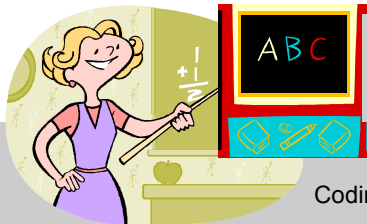
How would you code P3 for Mr. "Z"?

P3a=6 P3c=0 P3e=0

Coding Rationale:

The scenario references 3 restorative programs, passive range of motion, splint or brace assistance and transfer training.

The data supports PROM being provided for at least 15 minutes a day for 6 out of the 7 days in the look-back period. There was a measurable goal with interventions documented in the care plan and clinical record.

The periodic evaluation by a licensed nurse was present. The program was under direction of nursing and there was no evidence to suggest that the staff were not trained appropriately to provide the program. The splint or brace assistance program was clearly being provided but it did not meet the 15 minutes per day requirement to be considered a day and thus could not be coded on the MDS.

The transfer training, though mentioned in the goal and program description, had no evidence to support it was being provided. There were no minutes recorded and there was no documentation about it by the LN.

State of WA NH web sites

MDS Clinical web page
http://www.adsa.dshs.wa.gov/Professional/MDS/Automation/

MDS Automation web page
http://www.adsa.dshs.wa.gov/Professional/MDS/Automation/

NH Rates web page
http://www.adsa.dshs.wa.gov/professional/rates/

Casemix web page
http://www.asa.dshs.wa.gov/professional/CaseMix/

"Dear Administrator " web page
http://www.ADSA.dshs.wa.gov/professional/letters/nh/2008/

ADSA on the Web!

http://www.adsa.dshs.wa.gov/

MDS for the State of Washington

Computer Corner— Security Certificate Mix-up

When you send MDS assessments, do you get this error message: "*The security certificate presented by this website was not issued by a trusted certificate authority,*" and then advice to immediately close down? If so, you are not alone. This is a scary message, to be sure. Also, some NHs have a big lag time along with this error message, though they may not realize it.

What is this message about? Whenever you visit a secure website, one that starts with "http**s**", Internet Explorer checks the security certificate from that website against a list of Certificate Authorities (CA) it knows it can trust. Authorities include such companies as Geotrust, Globalsign and Verisign. These are called "Root Authorities" and are regularly updated by Microsoft. To purchase a CA is expensive and so our federal applications are self-insured with their own certificate and trusted certifying authority.

How can I get rid of this scary message and the associated lag time? You can find a security certificate from the MDS Welcome Page. All nursing homes may download the

certificate at no charge.

How to find the certificate: At the MDS/OASIS Welcome page, look at the bottom of the screen for the statement, "*Attention Internet Explorer users, if you are experiencing difficulties connecting to MDS/OASIS pages, Click Here.*" This link gives instructions and a patch to download. This patch is actually a security certificate.

Will this stop the error messages?
It will stop the message of **"…***not issued by a trusted certificate authority…*" message. It will not stop the unsettling but less startling , *"…name on the security certificate is invalid or does not match the name of the site. Do you want to proceed?*" (The exact text may vary, depending on your system.)

What is this second message about?
This message means that the host name specified in the URL to access the Web interface is different than the host name in the Common Name (CN) field of the Secure Sockets Layer (SSL) certificate stored in the

system. This error message, which has been around for a couple months in Washington State, resulted from an innocuous "typo" during a server upgrade. It has now been corrected by a change in the host name of the URL web address to match the CN. Before the fix, you had to click, "*Yes*" to the question at the end of the error message. Now, if you continue to see this error message, it means that you are looking at a cached image of the actual screen. **Just click F5 (refresh) to fix**.

What if other sites I know are okay give this warning? You always can go to Internet Explorer (TOOLS, INTERNET OPTIONS, *Advanced*, third box from the bottom) and UNcheck the "Warn about invalid site certificates". The problem with this is that you have disabled the warning for all Internet sites, which could allow you to get into unsafe areas.